



Legislative Bulletin.....September 20, 2011

Contents:

- H.R. 2944** – To Provide for the Continued Performance of the Functions of the United States Parole Commission, and for other Purposes
- H.R. 2189** – Death in Custody Reporting Act of 2011
- H.R. 2646** – Veterans Health Care Facilities Capital Improvement Act of 2011
- H.R. 2005** – Combating Autism Reauthorization Act of 2011
- H.R. 1852** – Children’s Hospital GME Support Reauthorization Act of 2011

H.R. 2944 – To Provide for the Continued Performance of the Functions of the United States Parole Commission, and for other Purposes (Smith, R-TX)

Order of Business: The bill is scheduled to be considered on Tuesday, September 20, 2011 under a motion to suspend the rules requiring two-thirds majority vote for passage.

Summary: H.R. 2944 extends the authority of the United States Parole Commission (Commission) for an additional three years and requires the Commission to submit a report to both the Committees on the Judiciary in the Senate and House of Representatives. The Commission is scheduled to expire on November 1, 2011.

Congress last extended the Commission’s authority for three years in 2008 by passing [S. 3294](#).

Additional Background: H.R. 2944 amends the Sentencing Reform Act of 1984¹ by extending the authority of the Commission for three additional years. According to the Commission’s [website](#), the Commission’s purpose is to “promote public safety and strive for justice and fairness in the exercise of its authority to release and supervise offenders under its jurisdiction.”

In existence since 1910, the Commission’s jurisdiction extends to the following types of cases in granting or denying parole (for those otherwise ineligible for parole) and making determinations regarding the conditions and supervision of parole:

- Federal Offenders (offenses committed before November 1, 1987);
- D.C. Code Offenders (offenses committed before August 5, 2000);
- D.C. Code Offenders (offenses committed after August 4, 2000);

¹ 18 U.S.C. 3551, Public Law 98-473.

- Uniform Code of Military Justice Offenders;
- Transfer-Treaty Cases; and
- State Probationers and Parolees in Federal Witness Protection Program.

Within 180 after enactment of this bill, the Commission must report the following information to both Committees on the Judiciary in the Senate and House of Representatives:

1. The number of offenders in each type of case over which the Commission has jurisdiction, include the number of sexual or violent offender registry offenders and Tier levels offenders for fiscal years 2006 through 2011;
2. The number of hearings, record reviews and National Appeals Board considerations conducted by the Commission each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
3. The number of hearings conducted by the Commission by type of hearing in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
4. The number of record reviews conducted by the Commission by type of consideration in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
5. The number of warrants issued and executed compared to the number requested in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
6. The number of revocation determinations by the Commission in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
7. The distribution of subsequent offenses, including violent offenses, for offenders in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
8. The distribution of subsequent offenses, including violent offenses, for offenders in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
9. The percentage of offenders paroled or reparaoled compared with the percentage of offenders continued to expiration of sentence (less any good time) in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
10. The percentage of cases (except probable cause hearings and hearings in which the primary and secondary examiner disagreed on the appropriate disposition of the case (the amount of time to be served before release), the release conditions to be imposed, or the reasons for the decision in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
11. The percentage of decisions within, above, or below the Commission's decision guidelines for Federal initial hearings (28 C.F.R. 2.20) and Federal and D.C. Code revocation hearings (28 C.F.R. 2.21);
12. The percentage of revocation and non-revocation hearing in which the offender is accompanied by a representative in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;

13. The number of administrative appeals and action of the National Appeals Board in relation to those appeals in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011;
14. The projected number of Federal offenders that will be under the Commission's jurisdiction as of October 31, 2014;
15. An estimate of the date on which no Federal offenders will remain under the Commission's jurisdiction;
16. The Commission's annual expenditures for offenders in each type of case over which the Commission has jurisdiction for fiscal years 2006 through 2011; and
17. The annual expenditures of the Commission, including travel expenses and the annual salaries of the members and staff of the Commission, for fiscal years 2006 through 2011.

Committee Action: Chairman Lamar Smith (R-TX) of the House Judiciary Committee introduced H.R. 2944 on September 15, 2011. The Committee has taken no further action on the bill.

Administration Position: As of press time, no Statement of Administration Policy (SAP) has been released.

Cost to Taxpayers: There is no Congressional Budget Office (CBO) report available.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: A Committee Report citing compliance with rules regarding earmarks, limited tax benefits, or limited tariff benefits is not available. Such a report is not required because the bill is being considered under suspension of the House rules.

Constitutional Authority: The Constitutional Authority Statement accompanying the bill upon introduction states, "Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 3 of the Constitution [Commerce Clause]."

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H.R. 2189 – Death in Custody Reporting Act of 2011 (*Scott, D-VA*)

Order of Business: The bill is scheduled to be considered on Tuesday, September 20, 2011 under a motion to suspend the rules requiring two-thirds majority vote for passage.

Summary: H.R. 2189 reauthorizes an expired reporting requirements program by the Department of Justice’s Bureau of Justice Statistics (BJS) pertaining to deaths of individuals in the custody of state and local law enforcement agencies. Additionally, it expands these reporting requirements to federal law enforcement agencies.

Additional Background: The bill revives an expired BJS reporting program (“Death in Custody Reporting Program”) created by the Death in Custody Reporting Act of 2000² requiring the BJS to collect individual death records for fatalities occurring in local jails, state prisons, and during the process of arrests by state and local law enforcement agencies. Despite this reporting program’s expiration in 2006, the BJS has continued to collect this data. According to the Judiciary Committee [report](#), this data has “...provided the BJS with the ability to perform detailed analyses of comparative death rates across demographic categories, offense types, and facility/agency characteristics” which has helped to understand mortalities that occur in the criminal justice system.

Under H.R. 2189, any state after 120 days of enactment of the bill, that receives federal grant funds³ shall report quarterly to the Attorney General information regarding the deaths of any person in the custody of state or local law enforcement agencies. States that do not comply with these reporting requirements are subject to a decrease of up to 10% of the amount of federal grant funds they otherwise would be eligible to receive. Any reduction in one states’ federal funds for lack of compliance with the Death in Custody Reporting Program will be absorbed and reallocated by other states who are in compliance.

The required reporting information must include the following information:

- (1) the name, gender, race, ethnicity, and age of the deceased;
- (2) the date, time, and location of death;
- (3) the law enforcement agency that detained, arrested, or was in the process of arresting the deceased; and
- (4) a brief description of the circumstances surrounding the death.

The Attorney General (AG) has both requirements and discretionary authority under this bill. Firstly, the AG shall prepare and submit to Congress a report that includes the findings of the report to examine the relationship between the reported deaths and law enforcement management policies (or actions) within two years of enactment of this bill. Secondly, the bill permits the AG to delay these reporting requirements upon any state that is making a “good faith” effort towards compliance. Thirdly, the AG can also waive these requirements if compliance by any state would be unconstitutional under the constitution of any state.

² Public Law 106-297

³ Federal funds available to states under subpart 1 of Part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750 et seq.) whether characterized as the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, the Local Government Law Enforcement Block Grants Program, the Edward Byrne Memorial Justice Assistance Grant Program, or otherwise.

Unlike the prior similar reporting program, H.R. 2189 also applies to Federal law enforcement agencies. It requires the head of each Federal law enforcement agency to report annually to the AG information regarding deaths of individuals in the custody of any Federal law enforcement agency. The mandated information to be included in these annual reports must, at a minimum, include information that is required by the states described above.

Committee Action: Representative Bobby Scott (*D-VA*) introduced H.R. 2189 on June 15, 2011, which was subsequently referred to the House Committee on the Judiciary. On July 29, 2011, the Committee reported the bill out of Committee by voice vote.

Administration Position: As of press time, no Statement of Administration Policy (SAP) has been released.

Cost to Taxpayers: The Congressional Budget Office (CBO) released a cost estimate for H.R. 2189 on August 19, 2011 stating that implementing the bill would have no significant cost to the Federal government.

Does the Bill Expand the Size and Scope of the Federal Government?: Yes. The bill revives a previous federal reporting requirement upon states that had expired in 2006—although it continued to operate—and creates a similar reporting requirement upon Federal law enforcement agencies.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No. The CBO reports states that “H.R. 2189 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.”

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: Yes. According to the Judiciary Committee [report](#), H.R. 2189 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

Constitutional Authority: The Constitutional Authority Statement accompanying the bill upon introduction states, “Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 3, U.S. Constitution [Commerce Clause].”

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H.R. 2646 – Veterans Health Care Facilities Capital Improvement Act of 2011 (Johnson, R-OH)

Order of Business: The bill is scheduled to be considered on Tuesday, September 20, 2011 under a motion to suspend the rules requiring two-thirds majority vote for passage.

Summary: H.R. 2646 authorizes the Department of Veterans Affairs to build and lease several medical facilities, extends the current Department authority for several federal programs for homeless veterans, renames two Department medical centers, and extends the Department's authority to transfer real property.

Additional Background: Current law requires Congressional authorization for the Department of Veterans Affairs (VA) major medical facility projects and major medical facility leases. Below is a section by section analysis of the bill describing the projects and leases as well as additional authorities granted under the bill:

- *Section 1. Short Title*—The Veterans Health Care Facilities Capital Improvement Act of 2011.

- *Section 2. Authorization of Major Medical Facility Projects*
 - Up to \$51,800,000 for a Seattle, WA project; and
 - Up to \$35,500,000 for a West Los Angeles, CA project.

- *Section 3. Modification of Previous Authorizations for Certain Major Medical Facility Projects.*
 - Modifies a previous authorization for an Orlando, FL project to include a Simulation, Learning, Education and Research Network Center;
 - **The previously-authorized \$656,800,000 remains unchanged;**
 - **No additional appropriation is needed as the VA intends to use existing unobligated balances.**
 - Increases a fiscal year 2006 authorization in an amount not to exceed \$716,600,00 for a Palo Alto, California project;
 - Increases a fiscal year 2007 authorization from \$69,053,000 to \$346,300,000 for a St. Louis, Missouri project;
 - Increases a fiscal year 2007 authorization from \$56,163,000 to \$90,600,000 for a Fayetteville, AR parking garage project; and
 - **The VA has already received the full appropriation for this project.**
 - Increases a fiscal year 2009 authorization from \$225,900,000 to \$277,000,000 for a San Juan, Puerto Rico project.

- *Section 4. Lease Authorizations for the Following Eight Facilities. Note: medical facility leases are funded out of the VA's Medical facilities appropriations account. First year activation costs and lease payments associated with the leases below were already appropriated in advance for fiscal year 2012 in the full-year Continuing Resolution (H.R. 1473).*
 - Community-Based Outpatient Clinic (CBOC) lease not to exceed \$5,335,000 in Columbus, GA;
 - Outpatient Clinic (OC) lease not to exceed \$2,845,000 in Fort Wayne, IN;

- OC lease not to exceed \$6,565,000 in Mobile, AL;
- OC lease not to exceed \$9,232,000 in Rochester, NY;
- CBOC lease not to exceed \$2,549,000 in Salem, OR;
- OC lease not to exceed \$9,546,000 in San Jose, CA;
- OC lease not to exceed \$6,731,000 in South Bend, IN;
- CBOC lease not to exceed \$6,489,000 in Springfield, MO.

➤ *Section 5. Authorization of Appropriations*

- Authorizes \$87,300,000 and \$850,070,000 in appropriations for the construction, major project account authorized in section 2 and section 3; and
- Authorizes \$49,292,000 in appropriations for the medical facility leases authorized in section 4.
 - **Full funding for the facility leases is contained in the FY2012 advance appropriation for VA medical care included in the FY Continuing Resolution bill passed in April 2011 (H.R. 1473);**
 - **Full, partial, or anticipated (based on House/Senate VA-Military Construction appropriations bills for FY 2012) funding is available for all of the major medical facilities authorized under this section.**

➤ *Section 6. Modification of Requirements Relating to Congressional Approval of Certain Medical Facility Acquisitions*

- Amends current law reporting requirements pertaining to the level of detailed information the VA must provide to Congress including the total cost of the project to take into account construction costs, activation costs, special purpose alterations (lump sum payments) costs, personnel costs, ancillary services costs, equipment costs, and all other cost, and others. Additionally, this provision requires a detailed explanation of why the preferred alternative is both the most effective means to achieve the stated project goals and the most cost-effective alternative.

➤ *Section 7. Bid Savings Requirements (added by the Manager's Amendment)*

- Requires the VA to obtain Congressional authorization when using bid savings to expand the purpose of a major medical facility project.

➤ *Section 8. Name of VA Telehealth Clinic in Craig, Colorado*

- Names the VA telehealth clinic in Craig, Colorado, the "Major William Edward Adams Department of Veterans Affairs Clinic."
- This provision meets the Committee rules and policies regarding the naming of Department facilities.

- *Section 9. George H. O'Brien, Jr. Department of Veterans Affairs Medical Center*
 - Names the VA medical center located in Big Spring, TX, the “George H. O'Brien, Jr. Department of Veterans Affairs Medical Center.”
 - This provision meets the Committee rules and policies regarding the naming of Department facilities.

- *Section 10. Extension of Certain Expiring Authorities: Note—extensions of these expiring authorities will enable funds already appropriated for these purposes within the VA's FY2012 advance appropriation for medical care in H.R. 1473 to be expended.*
 - Extends the VA's authority to conduct recovery audits for fee basis and other medical service contracts through September 30, 2020;
 - Extends the VA's existing \$50 million authorization for the Homeless Veterans Reintegration Program grant administered by the Department of Labor's Veterans Employment and Training Service through September 30, 2012;
 - Extends the VA's authority to enter into agreements with homeless providers for the purpose of selling, leasing, or donating homes acquired through the guaranteed loan program through December 31, 2012;
 - Extends Congressional authority to continue the Advisory Committee for Homeless Veterans through December 31, 2012;
 - Extends the VA's authority to transfer real property under VA jurisdiction and control to other federal agencies, state agencies, public or private entities, or Indian tribes through December 31, 2018.
 - Extends the VA's authority regarding treatment and rehabilitation for seriously mentally ill and homeless veterans through December 31, 2012.

- *Section 11 (added by the Manager's Amendment)*
 - Increases the authorization from \$150 million to \$250 million for the comprehensive service programs for homeless veterans in fiscal year 2012. The current authorization for FY 2012 is \$150 million, \$100 million less than the \$250 million already appropriated for this purpose within VA's FY2012 advance appropriation for VA medical care in H.R. 1473.

- *Section 12 (added by the Manager's Amendment)*
 - Authorizes \$100 million for financial assistance supportive services for low-income veteran families in permanent housing in 2012. The current authorization expires on September 30, 2011. The \$100 million authorization will enable \$100 million in funds already appropriated for this purpose within VA's FY2012 advance appropriation for VA medical care in H.R. 1473 to be expended.

- *Section 13 (added by the Manager's Amendment)*
 - Authorizes \$5 million for the homeless veterans with special needs grant program in 2012. The current authorization expires on September 30, 2011. The \$5 million authorization will enable funds already appropriated for this purpose and in this amount within VA's FY2012 advance appropriation for VA medical care in H.R. 1473 to be expended.
- *Section 14 (added by the Manager's Amendment)*
 - Extends the VA's authority to provide assistance for individuals residing temporarily in housing owned by a family member from the current expiration date of December 31, 2011 until December 31, 2012.
- *Section 15 (added by the Manager's Amendment)*
 - This provision would extend through November 18, 2011, VA's authority to collect a fee in connection with the use of VA's home loan guaranty benefit at the fee rates described in section 3729 of title 38, United States Code, which fee rates are set to be reduced on October 1, 2011.
- *Section 16 (added by the Manager's Amendment)*
 - This provision would extend through November 18, 2011, VA's authority to obtain information from the Secretary of the Treasury and the Internal Revenue Service to verify eligibility of recipients in VA needs-based programs. The current authorization expires on September 30, 2011.
- *Section 17 (added by the Manager's Amendment)*
 - This provision would extend through November 18, 2011, VA's authority to obtain information from the Secretary of Health and Human Services and the Commissioner of Social Security to verify eligibility of recipients in VA needs-based programs. The current authorization expires on September 30, 2011.

Committee Action: Representative Bill Johnson (R-OH) introduced H.R. 2646 on July 26, 2011. On July 25, 2011, the Subcommittee on Health held a legislative hearing on a draft bill that later was introduced as H.R. 2646. On July 28, 2011, the Subcommittee marked up reported out the amended bill by voice vote. On September 8, 2011, the full Committee reported the bill out of Committee by voice vote. A Manager's Amendment is likely to be introduced on the House floor this afternoon.

Administration Position: As of press time, no Statement of Administration Policy (SAP) has been released.

Cost to Taxpayers: The Congressional Budget Office (CBO) released a cost estimate for H.R. 2646 on September 15, 2011 stating that implementing the bill would cost \$1.2 billion over the 2012-2016 period. No new cost estimate to reflect the new sections added by the Manager’s Amendment has been released.

Does the Bill Expand the Size and Scope of the Federal Government?: Yes. The bill increases the authorization levels of some previously authorized medical facility major construction projects as well as authorizing up to \$87 million for two new major medical projects and \$49 million in new medical facility leases.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No. The CBO reports states that “H.R. 2646 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.”

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: Yes. According to the Committee [report](#), H. R. 2646 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

Constitutional Authority: The Constitutional Authority Statement accompanying the bill upon introduction states, “Congress has the power to enact this legislation pursuant to the following: Clauses 12, 13, 14, and 18 of Section 8 of Article I of the United States Constitution.”

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H.R. 2005 — Combating Autism Reauthorization Act of 2011 (Smith, R-NJ)

Order of Business: The bill is scheduled to be considered on Tuesday, September 20, 2011 under a motion to suspend the rules requiring two-thirds majority vote for passage.

Summary: H.R. 2005 amends the Public Health Service Act to extend and reauthorize through fiscal year 2014 three National Institute of Health (NIH) autism-related research programs: (1) the surveillance and research program for autism spectrum disorder and other developmental disabilities; (2) the education, early detection, and intervention program for autism spectrum disorder and other developmental disabilities; and (3) the Interagency Autism Coordinating Committee.

Additional Background: The Combating Autism Act of 2006 ([S. 843](#)) expanded autism research programs at the federal level by creating **two** new federal grant programs and one federal interagency committee. According to the sponsor of H.R. 2005, the 2006 legislation enhanced the Center for Disease Control’s (CDC) surveillance and epidemiological research for autism and other developmental disabilities; National Institute of Health’s (NIH)

activities regarding research on autism spectrum disorders; and the Interagency Autism Coordinating Committee. Additionally, S. 843 directed both the CDC and NIH to investigate a possible link between environmental causes of autism through an intervention program established at the Health Resources and Services Administration (HRSA).

S. 843 passed the House by voice vote and the Senate by unanimous consent in 2006. The RSC legislative bulletin analyzing S. 843 is [here](#).

H.R. 2005 reauthorizes these three autism-related research programs for three years. The total funding authorization level over the three year authorization remains the same as the total fiscal year 2011 level of \$231 million for each year. Of note, the CDC's surveillance and research program is increased by \$1 million in each of the three years above the fiscal year 2011 authorization (from \$21 million to \$22 million) and the NIH's Interagency Autism Coordinating Committee and other programs are increased by \$3 million in each of the three years above the prior fiscal year's authorization level (from \$158 million to \$161 million). The decreased authorization levels for the NIH's Autism Education, Early Education, and Intervention program offset the increased authorizations in the other two programs.

Additionally, H.R. 2005 requires the Secretary of Health and Human Services, in coordination with the Secretary of Education, to prepare and submit a report within two years of enactment of the bill to the Senate Health, Education, Labor, and Pensions Committee and the House Energy and Commerce Committee on autism spectrum disorder and other related activities.

Possible Conservative Concerns: Disease-specific legislation poses health care policy questions for some conservatives who believe that cross-disability federal legislation (for example, the Developmental Disabilities Assistance and Bill of Rights Act, the Americans with Disabilities Act, or the Rehabilitation Act) can adequately address the needs of individuals and families who deal with autism (or any ailment worthy of medical research funding). Former Director of the National Institutes of Health, Dr. Elias Zerhouni, previously stated "As you consider legislation affecting NIH in the future, I caution you that it would be a grave mistake to go backwards in mandating disease-specific research at a time when barriers need to be torn down, not rebuilt." Some conservatives understood that disease-specific legislation would not be brought to the floor this Congress.

Secondly, recent news [reports](#) highlight incidents of fraudulent use of taxpayer funds intended for autism research. These [incidents](#) call for Congressional oversight to ensure autism funding is accomplishing its intended purpose. Some Republican Senators are requesting that the Senate companion bill ([S. 1094](#)) be amended to address these concerns as well as requiring a Government Accountability Report to evaluate the previous five years of autism funding on any potential duplicative funding.

Committee Action: Representative Chris Smith (R-NJ) introduced H.R. 2005 on May 26, 2011, where it was then referred to the House Committee on Energy and Commerce's Subcommittee on Health. The Committee (and Subcommittee) has taken no action on the bill.

Administration Position: As of press time, no Statement of Administration Policy (SAP) has been released.

Cost to Taxpayers: There is no Congressional Budget Office (CBO) cost estimate accompanying the bill. As noted above, the bill authorizes \$231 million each year for a total authorization of \$693 million over three years.

Does the Bill Expand the Size and Scope of the Federal Government?: It increases authorized funding for two federal programs described above. However, it reduces funding for another federal program which offsets the increased authorization levels for the two programs that are increased.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: A Committee Report citing compliance with rules regarding earmarks, limited tax benefits, or limited tariff benefits is not available. Such a report is not required because the bill is being considered under suspension of the House rules.

Constitutional Authority: The Constitutional Authority Statement accompanying the bill upon introduction states, “The constitutional authority on which this bill is based is Congress’s power under Article I, Section 8, Clause I of the Constitution [Spending Clause].”

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H.R. 1852 – Children’s Hospital GME Support Reauthorization Act of 2011 (Pitts, R-PA)

Order of Business: The bill is scheduled to be considered on Tuesday, September 20, 2011 under a motion to suspend the rules requiring two-thirds majority vote for passage.

Summary: H.R. 1852 amends Section 340E of the Public Health Service Act to reauthorize federal funding for pediatric graduate medical residency education programs for five years through fiscal year 2016 at the current fiscal year 2011 levels of \$330 million each year.

Additional Background: As part of the Healthcare Research and Quality Act in 1999,⁴ Congress created the Children’s Hospital Graduate Medical Education Program (CHGME) to provide federal support to children’s hospitals for direct and indirect expenses associated with operating medical residency training programs. Direct expenses are associated with providing salaries of medical residency students. Indirect expenses

are defined as costs intended to compensate hospitals for patient care costs that are expected to be higher in teaching hospitals than in non-teaching hospitals.

According to the House Energy and Commerce Committee [report](#), the CHGME program provides funding to 56 hospitals in 30 states to support pediatric residency training. The CHGME program's authorization is scheduled to expire on October 1, 2011. H.R. 1852 would reauthorize the CHGME for five years and requires a report by the Secretary of Health and Human Services to Congress by the end of fiscal year 2015 that includes:

- a summary of the annual reports prepared by the grantees as a condition for receipt of their funding;
- the types of residency programs;
- the number of training positions;
- types of training positions;
- any changes in residency training curriculum;
- a review of patient and safety care;
- the number of residents who complete training; and
- recommendations on how to improve the program.

Congress last reauthorized the CHGME program in 2006 for five years by passing [H.R. 5574](#) by voice vote in the House and unanimous consent in the Senate.

Potential Conservative Concerns: In the President's fiscal year 2012 budget request, this program is proposed to be eliminated. Reauthorizing a federal grant program for five years that the Administration has proposed to eliminate generates legitimate policy questions about the merit of continuing funding for pediatric medical residency training.

Committee Action: House Energy and Commerce Subcommittee Chairman Joe Pitts (R-PA) introduced H.R. 1852 on June 11, 2011. On July 26, 2011, the Subcommittee on Health marked up the bill and reported it out by voice vote. On July 28, 2011, the full Committee reported it out of Committee by voice vote.

Administration Position: As of press time, no Statement of Administration Policy (SAP) has been released.

Cost to Taxpayers: The Congressional Budget Office (CBO) released a cost estimate for H.R. 1852 explaining that implementing the bill would cost \$1.565 billion over the 2012 through 2016 period.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: The CBO reports states that "H.R. 1852 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA)."

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax

Benefits/Limited Tariff Benefits?: Yes. According to the Energy and Commerce Committee [report](#), H. R. 1852 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

Constitutional Authority: The Constitutional Authority Statement accompanying the bill upon introduction states, “Congress has the power to enact this legislation pursuant to the following: Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 1: The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defense and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.”

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